

Washington State
Health Care Authority

Apple Health for Kids is growing up. When the new Health Benefit Exchange (Washington Healthplanfinder) opens its doors on October 1, Washington residents will have:

- New subsidized health care coverage for adults with income up to 138 percent of the federal poverty level.
- New, automated, streamlined application process.
- New brand name for Medicaid — Washington Apple Health.

Medicaid clients — including newly eligible adults — will continue to receive the same quality health care. Washington state residents have experienced the positive impact of the Apple Health for Kids program, which covers many of our state's children. That positive experience will help the Affordable Care Act shift its emphasis to the promise of health care for all citizens, and steer away from the old themes of welfare and medical assistance.



Under health care reform, subsidized health care will be available to adults with incomes up to 400 percent of the federal poverty level.

Another similarity with Apple Health for Kids: Families looking for Medicaid or subsidized health plans don't have to become eligibility experts. They will simply input their information into a website, and it will match them with the right type of health care program, whether it's Washington Apple Health or one of the subsidized plans. "Classic Medicaid" populations — aged, blind and disabled individuals — will continue to be screened for eligibility by the Department of Social and Health Services. But the large majority of Medicaid clients — children in Medicaid or CHIP, families, pregnant women and single adults — will receive an eligibility answer during their one stop at the Healthplanfinder.

Click. Compare. Covered.



washington
healthplanfinder

click. compare. covered.

Washington state insurance affordability programs, 2014

Federal poverty level (2013)	138%	300%	400%
Annual income: Individual	\$15,856	\$34,470	\$45,960
Annual income: Family of four	\$32,499	\$70,650	\$94,200
Expanded Medicaid	Qualified for Medicaid		
CHIP (Children's Health Insurance Program) in Washington, available to 300% of Federal Poverty Level			
SUBSIDIZED: Premium tax credits and cost sharing reductions for qualified health plans			Not subsidized
			EXCHANGE: May purchase qualified health plans

Washington Health Benefit Exchange

FACT SHEET

WHAT IS THE WASHINGTON HEALTH BENEFIT EXCHANGE?

The Washington Health Benefit Exchange ("Exchange") will be an easily accessible, central marketplace for individuals, families and small businesses to buy health insurance. This one-stop shop will enable residents to:

- Make apples-to-apples comparison between Exchange qualified health plans (QHP).
- Check qualifications for tax credits or less expensive co-pays and deductibles.
- Receive assistance finding, selecting and enrolling in a health plan that meets a person's or businesses individual needs.

All of the work done by the Exchange is in close coordination with our state agency partners including the Health Care Authority (Medicaid), Office of the Insurance Commissioner, Department of Social and Health Services and others.

HOW WAS THE EXCHANGE CREATED AND ESTABLISHED?

The Exchange was created in state statute in 2011 (SSB 5445) and was established as a "public-private partnership" separate and distinct from the state. This means that the Exchange complies with open public meetings, public disclosure, but is not subject to other laws that govern state agencies. In 2012, legislation was passed (ESSHB 2319) that established market rules, requirements for QHPs, essential health benefits and more.

The Exchange initially started in the state's Health Care Authority (HCA) and has started its transition to an independent organization. As of July 2012, the Exchange is on its own payroll and accounting system.

WHO GOVERNS THE EXCHANGE?

The Exchange is governed by the Exchange Board. The board is comprised of a chair and eight members appointed by the governor from nominees put forward by each of the legislative caucuses. These individuals have expertise in variety of healthcare areas including individual coverage, small employer coverage, plan administration, finance and economics and actuarial science. The director of the Health Care Authority and the Insurance Commissioner also serve on the Board in an ex-officio, non-voting capacity.

Currently there are seven stakeholder committees, technical advisory committees, or workgroups associated with the Board. This includes an operations and policy committee comprised of Board members, an Advisory Committee as well as technical advisory committees for Navigator Program, Small Business Health Options Program (SHOP), Agents and Brokers, and Dental issues. There are also two workgroups, one covering plan management and one for consumers.

HOW IS THE EXCHANGE FUNDED?

The Exchange is currently funded by federal grant dollars through 2014. This includes a Level 1 grant of \$23 million (May 2011) and a Level 2 grant of \$128 million (May 2012). Washington was the second state to receive a Level 2 grant.

A substantial portion of the grant funding will be used to develop an IT system critical to Exchange functions including eligibility determinations and facilitating enrollment as well as information exchange among individuals, employers, insurance carriers, and state and federal agencies. These funds will also be used to



support such activities as the development of policies by the Exchange Board, the creation of an Exchange infrastructure, and the design of a consumer engagement and marketing campaign.

Beginning 2015 the Exchange will be required to be self-sustaining as a business. The Exchange will report to the state Legislature in December 2012 on sustainability options. It will also provide input regarding any further legislation needed to move the project forward and evaluate opportunities for additional federal funding should that become available.

WHEN DOES THE EXCHANGE OPEN AND COVERAGE BEGIN FOR PLANS PURCHASED?

Open enrollment in the Exchange begins on October 1, 2013 and ends March 31, 2014. Coverage begins January 1, 2014 for plans bought in the Exchange prior to December 23, 2013.

Beginning January 1, 2014, plans bought in the Exchange prior to the 23rd of each month will have coverage starting the first day of the following month. Those who purchase a plan between the 23rd and first day of the following month will have coverage begin one month later.

THE BOARD OF WASHINGTON HEALTH BENEFIT EXCHANGE (EFFECTIVE MARCH 15, 2012)

Margaret Stanley – Chair, Retired Health Plan Executive

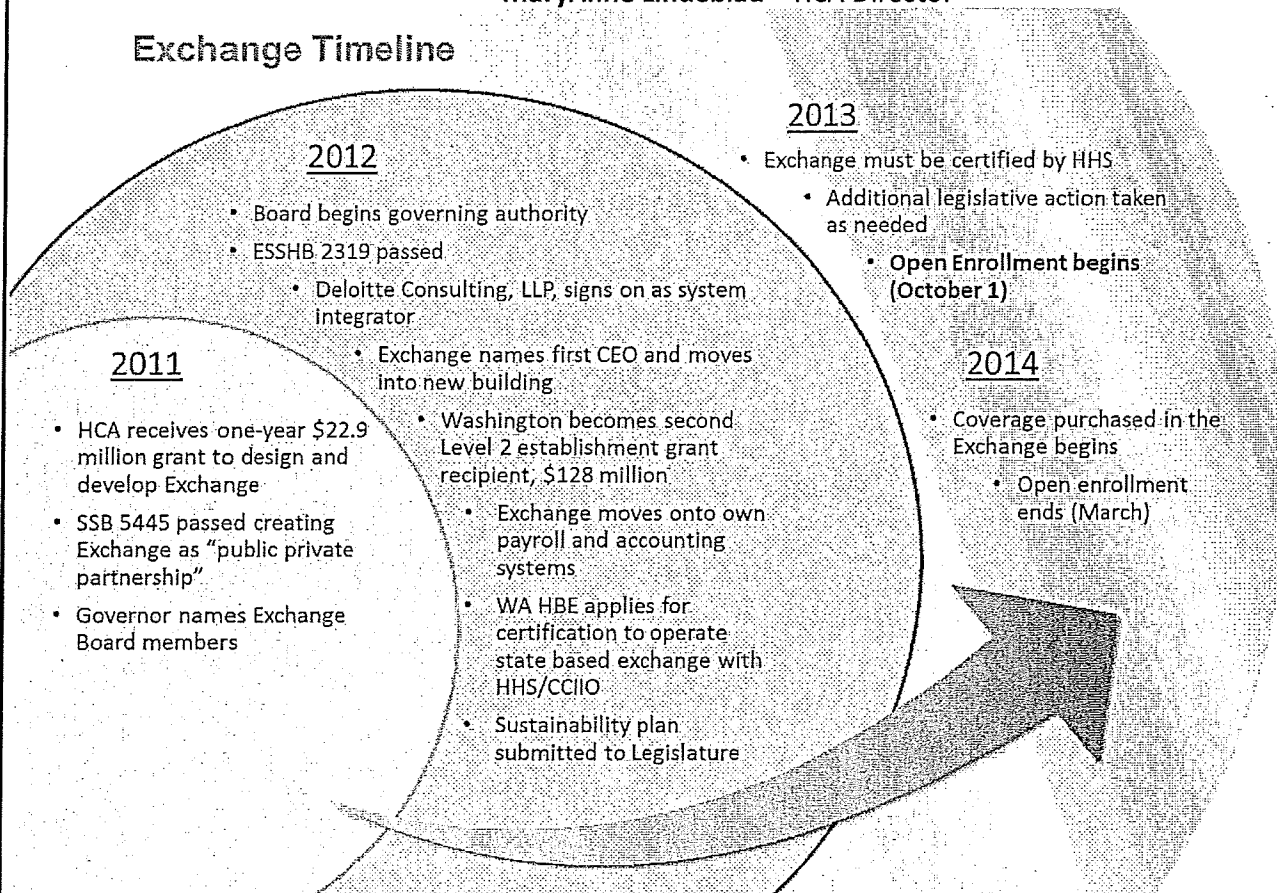
Steve Appel – Farmer, Past President of the Washington Farm Bureau
William Baldwin – Partner, The Partners Group
Donald Conant – General Manager, Asst. Professor
Doug Conrad – Professor, University Of Washington

Melanie Curtice – Partner, Stoel Rives
Ben Danielson – Medical Director, Odessa Brown
Phil Dyer – Senior VP and Former Legislator
Teresa Mosqueda – Legislative and Policy Director, Washington Labor Council

***Commissioner Mike Kreidler** – Insurance Commissioner

***MaryAnne Lindeblad** – HCA Director

Exchange Timeline



FOR MORE INFORMATION: www.hca.wa.gov/hbe

How we're insured now

For approximately 6 million Washington residents under age 65

